Eye Physicians & Surgeons

NORTH TORONTO EYE CARE
our focus ... your vision

NORTH TORONTO EYE SURGERY CENTRE

www.northtorontoeyecare.com
wwww.northtorontoeyecare.com
drs@northtorontoeyecare.com

PLEASE CIRCLE: PHYSICIAN OR NO PREFERENCE

Dr.Theodore Rabinovitch
Cataract Surgery
Refractive Surgery
Cornea & Uveitis
LASIK/PRK

Dr. Seymour Hershenfeld
Comprehensive

Dr. Tiiu Hess
Oculoplastics
Cataract Surgery

Dr. Tran Le
Cataract Surgery
Paediatric

Dr. Vlad Diaconita
Medical Retina

Dr. Tom Klein
Glaucoma
Cataract Surgery

Dr. Jon Waisberg
Dry Eye Disease
Cosmetic Botox

Dr. Farrah Moti
General
Cataract Surgery

Dr. David E. Lederer
Medical Retina

Dr. Walid Abdelghaffar
Comprehensive Cataract Surgery

Dr. Yelin Yang
Corneal Disease
Cataract Suurgery

Specialty OD's

Dr. Sera Kwon
Dry Eye Disease Cataract Care

Dr. Ken Wan
Glaucoma

No Preference
First Available

URGENCY: ☐ Same Day ☐ ASAP ☐ Routine ☐ Follow Up

PLEASE INFORM PATIENT TO BRING CURRENT LIST OF MEDICATIONS, EYE DROPS & RX GLASSES
PLEASE ADVISE PATIENT OF TWO POSSIBLE APPOINTMENTS (PRELIMINARY TESTING & DOCTOR EXAMINATION)

Last Name: First Name:
Male/Female: DOB (Y/M/D): Cell #: Home #:
Address: Email:
OHIP #: Version Code: Alternate contact:

Reminder Preference: ☐ Email ☐ Text ☐ Voice call

Referring Doctor: ☐ Dr. OHIP Billing #:
Address: Postal Code:
Email: Fax: Tel:

GLAUCOMA
- ☐ High IOP
- ☐ Disc Cupping
- ☐ VF Field Loss
- ☐ Narrow Angles
- ☐ _____

AMD
- ☐ AMD DRY WET
- ☐ Hole/Tear/Detachment
- ☐ PVD/Floaters
- ☐ Retinal Lesion
- ☐ Diabetic Retinopathy
- ☐ Macular Edema
- ☐ Vein Occlusion
- ☐ Choroidal Nevus
- ☐ ERM
- ☐ _____

REFRACTIVE SURGERY
- ☐ Lasik/PRK Consult
- ☐ Refractive Lens Exchange

OCULAR SURFACE DISEASE
- ☐ Keratoconus/CXL
- ☐ KScar / Edema / Other
- ☐ Corneal Ulcer
- ☐ Pterygium

UVEITIS
- ☐ Red Eye
- ☐ Episcleritis/Scleritis
- ☐ Uveitis/Iritis
- ☐ _____

NEURO OPTOMETRY
- ☐ Visual Field/OCT/OPTOS
- ☐ MTO
- ☐ Pentacam Topography
  OD OS OU

CATARACTS
- ☐ OHIP Based Surgery
- ☐ Premium IOL Selection
- ☐ Refractive Cataract Surgery
- ☐ PCO
- ☐

OD OS OU

OCULOPLASTICS
- ☐ Chalazion/Lesion/Cyst/Lump
- ☐ Blepharoplasty
  Upper Lower Both
- ☐ Tearing
- ☐ Entropion/Ectropion/Ptosis
- ☐ _____

NEURO OPTOMETRY
- ☐ Blepharospasm
- ☐ Cosmetic/Fillers
- ☐ Optic Nerve (Drusen, Pallor)
- ☐ Diplopia
- ☐ Cranial Nerve Palsy
- ☐ Thyroid Abnormalities

DRY EYE
- ☐ Dry Eye Analysis/Treatment
- ☐ LIPIFLOW/IPL

*Are you currently managing your patients' dry eye? YES or NO

	OD	OS
BCVA		
REFRACTION		
IOP		

Additional Information:

PLEASE CIRCLE: LOCATION PREFERENCE

2065 Finch Ave. Suite 400
Downsview, Ontario M3N 2V7
Tel: (416) 748-2020
Fax: (416) 7488582

2 Champagne Drive, Unit C2
Toronto, Ontario M3J 2C5
Tel: (416) 792-3043
Fax: (416) 792-8705

7 Elmwood Ave.
Toronto, ON M2N 6R6
Tel: (647) 351-4393
Fax: (416) 748-8582